

Criterion 5: Management Systems

The plan describes the state's financial resources, staffing, and the training of mental health service providers (including providers of emergency services) that are deemed necessary for plan implementation. The plan also describes the manner in which the state intends to expend the mental health block grant for FY 2004.

Introduction

KDMHMRS contracts directly with each Regional MH/MR Board to provide direct services and each board employs the actual service providers. Thus, human resource development activities for the regional boards and their staff by KDMHMRS have traditionally been indirect, focusing on staff training, technical assistance and the establishment of minimum qualifications and core training requirements for providers. The Department continues in these roles but also recently has taken on a larger, more direct role in addressing the shortage of behavioral health care providers in the state.

This marks the second year for Kentucky's revised "flexible funding" Plan and Budget application process. As described in the introduction of Children's Criterion 1 of this document, regional boards are required by statute and contract to provide a core array of services and are held accountable to selected performance indicators for their Children's Systems of Care, but are given autonomy (where possible) in how funds are distributed based on regional priorities.

New Appropriations for SFY 2003-2004

Advocates, regional boards and other stakeholders devoted considerable effort to securing additional funds from the 2002 Kentucky General Assembly. New funding that affects services to adults and was received in the following areas:

Project Name	SFY 2003	SFY 2004
Crisis Stabilization Adults and Children	\$2,000,000	\$4,000,000
Olmstead Wraparound Funds	\$1,100,000	\$ 800,000
Jail Training	\$ 275,000	\$ 275,000

SFY 2004 Financial Resources Summary

The following table summarizes the financial resources available for SFY 2004 to support the comprehensive array of children's mental health services:

SFY 2004 ALLOCATIONS	
Fund Source	Amount
Restricted MH General Fund & Decriminalization	\$11,019,827
Flexible MH General Fund & Community Care Support	\$3,812,086
CMHS Block Grant	\$1,872,231
Bridges	\$767,036
Early Childhood Mental Health Initiatives	\$883,431
Community Medications	214,300
IMPACT Plus (Medicaid)	\$39,916,000
Medicaid	\$48,110,322
Other Local	\$8,027,157
Total Children's Allocations	\$114,622,390
CMHS Block Grant Funds allocated to regional boards for services to either Adults or Children (\$220,448) are not included in the above total.	

SFY 2004 CMHS Block Grant Allocations

The following table illustrates how the CMHS Block Grant funds are being allocated for services to children with severe emotional disabilities in SFY 2004 by the components of the array discussed in Criterion 1:

Component	Block Grant Amount
Family Involvement & Support	\$143,208
IMPACT	\$92,799
MH Outpatient Treatment	647,657
MH Intensive Treatment	\$358,934
Service Coordination & Wraparound Funds	\$156,797
Crisis Stabilization	\$388,000
Other (May Include training, etc.)	\$64,836
System Interface	\$20,000
Total SED	\$1,872,231
CMHS Block Grant Funds allocated to regional boards for services to either Adults or Children (\$220,448) are not included in the above total.	

SFY 2004 Funded Entities

The table below shows SFY 2004 CMHS Block Grant funding by funded entity.

TABLE A	
Region/Contract	Amount of Children's CMHS Award for SFY 04/FFY 03
<i>1 – Four Rivers</i>	\$67,603
<i>2 – Pennyroyal</i>	77,227
<i>3 – Green River</i>	81,671
<i>4 – LifeSkills</i>	109,346
<i>5 – Communicare</i>	98,609
<i>6 – Seven Counties</i>	371,040
<i>7 – NorthKey</i>	151,690
<i>8 – Comprehend</i>	54,030
<i>10 – Pathways</i>	168,164
<i>11 – Region XI (Mountain)</i>	69,486
<i>12 – Ky River</i>	88,904
<i>13 – Cumberland River</i>	95,974
<i>14 – ADANTA</i>	69,644
<i>15 – Bluegrass</i>	346,243
<i>Family Support- State</i>	\$1,000
<i>EKU</i>	21,600
TOTAL	\$1,872,231
<i>Funds allocated to provide MH services For either Adults or Children (not included above)</i>	
	220,448

A list of funded entities is provided on the following page. These entities will be funded with FFY 2003 funds consistent with priorities of the Mental Health Services Planning Council and the KCMHMRS plan and budget process.

Funded Entities

Regional MH/MR Boards

Region 1

Four Rivers MH/MR Board, Inc.

P O Box 7287

Paducah, Kentucky 42002-7287

Region 2

Pennyroyal Regional MH/MR Board, Inc.

P O Box 614

Hopkinsville, Kentucky 42241-0614

Region 3

River Valley Behavioral Health

P O Box 1637

Owensboro, Kentucky 42302-1637

Region 4

LifeSkills, Inc.

P O Box 6499

Bowling Green, Kentucky 42101-6498

Region 5

Communicare, Inc.

1311 North Dixie Avenue

Elizabethtown, Kentucky 42701

Region 6

Seven Counties Services, Inc.

101 W. Muhammad Ali Blvd.

Louisville, Kentucky 40201

Region 7

NorthKey Community Care

P O Box 2680

Covington, Kentucky 41012

Region 8

Comprehend, Inc.

611 Forest Avenue

Maysville, Kentucky 41056

Region 9/10

Pathways, Inc.

P O Box 790

Ashland, Kentucky 41100

Region 11

Region XI (Mountain Comp. Care Center)

150 South Front Avenue

Prestonsburg, Kentucky 41653

Region 12

Kentucky River Community Care

P O Box 794

Jackson, Kentucky 41339-0794

Region 13

Cumberland River Comp. Care Center

P O Box 568

Corbin, Kentucky 40702

Region 14

The ADANTA Group

259 Parkers Mill Road

Somerset, Kentucky 42501

Region 15

Bluegrass Regional MH/MR Board, Inc.

P O Box 11428

Lexington, Kentucky 40574

Other Funded Entities

Dept of Vocational Rehabilitation

500 Mero Street

Frankfort, Kentucky 40601

Kentucky Housing Corporation

1310 Louisville Road

Frankfort, Kentucky 40601

Eastern Kentucky University

100 Stratton Building

Richmond, Kentucky 40675

State Support

KDMHMHRS is collaborating with the Regional MH/MR Boards and colleges and universities, as well as other key stakeholders to develop immediate and long-term strategies to address the shortages of qualified behavioral health professionals in Kentucky. A statewide Forum was held in May, 2002, to kickoff the formation of a state level workgroup and regional teams. A follow-up Forum was held in January, 2003, to allow participants to share their progress to date. Goals at the state level are to:

- Collect human resources data;
- Develop information-sharing mechanisms between institutions of higher education, professional licensure boards and service providers;
- Research and pursue marketing techniques to recruit and retain behavioral health professionals in all areas of the state; and
- Facilitate regional collaborative teams to address these and others issues regarding behavioral health workforce development.

Regional teams are focusing their efforts on:

- Developing core curriculum to address needs of community behavioral health providers;
- Increasing field experience opportunities for students; and
- Exploring feasibility of offering degree programs at satellite sites in all areas of the state.

To date, accomplishments at the state and regional levels include:

- Increased understanding of mission and operation of the stakeholder entities;
- Shared vision between the KDMHMRS, the Council on Post Secondary Education and the Kentucky Virtual University;
- Improved avenues for communication between college/university representatives and community mental health representatives;
- Addition of at least ten (10) newly offered bachelor and master degree programs in social work and counseling in rural areas of the state;
- Increased opportunities for students to participate in field placements in regional board programs; and
- Increased knowledge of loan repayment programs and other financial aid opportunities among the stakeholders, particularly the Human Resources staff of the regional boards.

The Olmstead State Plan Committee has been addressing human resource issues in their deliberations. The availability of trained professional and paraprofessional staff has critical implications for the successful transitioning of individuals to the community from institutions. Of particular concern is the supply of personal care attendants (for individuals with co-occurring physical disabilities) and the supply of residential support staff. Job profiles are currently being created for several positions within the children's community-based services arena to determine workforce needs to meet demands as outlined in the Plan.

KDMHMRS retains a small amount of children's block grant funds to support statewide children's training initiatives geared towards the needs of children's mental health services staff who serve children with SED and their families. The Department conducts some of these events and some are those of other agencies/entities that the Department helps sponsor with staff and/or financial resources.

The following table displays the Children's training initiatives slated for SFY 2004:

Division of Mental Health

Sponsored/Provided Training Events

Type of Training	Intended Audience	# of Participants Anticipated	Frequency/ Length of conference
Service Coordination 101 Certification (required for providers)	Prospective providers of Children's Targeted Case Management services (IMPACT and IMPACT Plus)	Approximately 25-35 per session	6 times/ year 2.5 days each
*Annual Case Management Conference: Promoting Community Supports	Providers of Adult and Children's Targeted Case Management services	150	Annually 1.5 days
<u>*Mental Health Institute</u>	Behavioral health providers and administrators, consumers and family members	Approximately 1,000	Annually 2.5 days 9/30-10-2/03
*Choices and Changes Conference	Providers of children's behavioral health services, case managers, school personnel, community child serving agency personnel, consumers and parents	Approximately 700	Annually 2.5 days Spring 2004
Train the Trainers Suicide Prevention in the Jails	Jailers and Regional MH/MR Board staff	Varies depending on location across the state	At least two times per year
*Designated Child Sexual Abuse Treatment Coordinators (DCSATC) Training Meetings	Regional MH/MR Board DCSATC's	Approximately 15 per meeting	Quarterly
*Planting Seeds of Peace: Ending Sexual Assault/Domestic Violence Conference (Co-Sponsored by DMH)	Behavioral health providers of SA/DV services, advocates, attorneys, and social services staff	Approximately 500	Annually
Type of Training	Intended Audience	# of Participants Anticipated	Frequency/ Length of conference
*Kids are Worth It!	Behavioral health	Approximately	Annually

Conference (Co-Sponsored by DMH)	providers, teachers, advocates, police, attorneys and social services staff	500	
Service Coordinator Supervision Training	Supervisors of children's targeted case management service providers	Approximately 15	Annually
*Cultural Competency Training of Trainers	Current and prospective providers of Cultural Competency Training at the KDMHMRS operated or contracted facilities and Regional MH/MR Board staff and KDMHMRS central office staff	Approximately 20	Four times per year
Local Resource Coordinator Training Meetings	Supervisors of children's Targeted Case Management service providers	Approximately 25	Quarterly
Deaf Awareness Training's	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and central	Ranges from 5- 125 per session	Typically once per month and also on a PRN basis
TTY Assistive Listening Devices Training	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and KDMHMRS central office staff	Ranges from 5- 125 per session	Typically once per month and also on a PRN basis
What Is Mental Health Training	Kentucky Association for the Deaf	Up to 200	Annually
Domestic Violence and Deafness Training	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and central	Approximately 60	Annually

<u>*HIV/AIDS Training</u>	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and KDMHMRS central office staff	Ranges from 5-125 per session	Annually
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*Denotes that Continuing Education Units (CEUs) are offered for these training sessions.

Mental Health Institute (MHI)

The annual Mental Health Institute serves as the major KDMHMRS training event for mental health service providers and consumers and family members. This statewide conference features approximately 60 workshops covering a wide variety of topics from Prevention, Treatment, Rehabilitation and Recovery, to Administration. The fourteenth Mental Health Institute will be held on September 30- October 2, 2003. The theme of this year's Institute will again be "Evidence-Based Practice."

Training of Emergency Services Personnel

Each Regional Board receives funding from KDMHMRS to support decriminalization of the mentally ill services for children. In addition to assessment and evaluation activities with children, Board staff are responsible for educating emergency services personnel (the courts, peace officers, inpatient psychiatric facilities, Rape Crisis Centers, etc.) as to applicable statutes concerning involuntary hospitalization and how to access evaluation services on a 24-hour per day, seven days a week basis.

Service Coordination Certification Training 101 (SC 101)

As mentioned previously, all targeted case managers serving children with SED must complete a required certification training within the first six months of their employment. This is true for IMPACT and Bridges Project Service Coordinators and IMPACT Plus Case Managers. A team of individuals has been convened to serve as "faculty" of this curriculum, including KDMHMRS staff, SIAC staff, and IMPACT Plus central office staff, IMPACT and IMPACT Plus field staff. The faculty have studied and refined the curriculum and seek to continually improve upon the content and delivery of the information deemed most relevant. This group is enthusiastic about follow-up training and support for case managers and it is hoped that staff retention will be subsequently effected by the work they are doing. This faculty is also involved with the planning and refining of additional training for IMPACT and IMPACT Plus staff.

SED/SMI Case Management Conference: Promoting Community Supports

Although the March 2003 conference was very well attended and quite favorably evaluated, plans are tentative as to whether KDMHMRS will hold this conference in SFY 2004. This is primarily due to limited Department staff resources and funding priorities, as well as potential alternate strategies for meeting the training needs of their staff.

Kentucky IMPACT Training Events

The April 2003 *Choices and Changes* conference, collaboratively conducted by KDMHMRS, the Department for Education, Office of Family Resource and Youth Services Centers, and the Center for School Safety, had over 700 participants from a variety of child serving agencies and school districts. Plans are underway for next year's conference tentatively planned for April 2004.

Cultural Competency Training

The Department sponsors cultural competency "train-the-trainers" sessions twice per year for interested Regional MH/MR Board and facility staff. The training uses a curriculum first developed in SFY 1997, but continually updated. Additionally, two seminars, targeted for KDMHMRS central office staff and regional trainer, are also provided on an annual basis.

In addition to these statewide conferences and workshops, the Department uses these funds to provide scholarships (limited) for parents and regional board staff to attend events such as the Mental Health Institute or Choices and Changes. Funds may also be expended to support technical assistance meetings to support on-going and developing children's programming (e.g. Therapeutic Foster Care, Day Treatment).

With regard to the revised Plan and Budget process, the Department has attempted to balance flexibility with guidance so as to ensure the regional boards' ability to endure increasing demands while experiencing minimal funding increases. Regional boards have been engaged from the beginning in planning meetings regarding the revised process. Also, a Plan and Budget Orientation session was conducted for administrators who are charged with completing the applications.

Side Bars: CMHS Block Grant funds are subcontracted by the Department to the Regional MH/MR Boards based on an approved Plan and Budget. The Plan and Budget is the basis for the contractual agreement between the Department, and the regional boards to provide services that are consistent with fund source requirements, departmental priorities, service definitions and standards.

Regional MH/MR Boards may also subcontract with an appropriate community agency to provide services. Such proposals must first be submitted to and reviewed by the Program Planning and Evaluation Committee of the regional board in accordance with the board's established subcontracting procedures.

Regional Roll Up

In the SFY 2004 Plan and Budget applications from the regional boards the following staffing patterns were reported:

- All but one region has a designated Children's Services Director;
- There are 1,345 staff assigned solely or at least 50% (of their time) to children and youth programs/services, with a range among regions from 10 to 400;
- Included in the 1,345, there are 39 child psychiatrists (with at least one year of specialized child training). Additionally, there are some regions that utilize residents working under the supervision of child psychiatrists and there are some adult

- psychiatrists serving older adolescents (not counted in the numbers above);
- There are 232 Service Coordinators statewide, with a range among regions from 5 to 39;
- There are 63 full-time and 162 part-time Therapeutic Child Support staff statewide;
- All fourteen regions now have a designated Early Childhood Mental Health Specialist for mental health services for children aged 0-5 years (other than their Children's Services Director); and
- Over 150 clinicians statewide have training and experience in serving children aged 0-5 years.

Regional boards reported the following in their SFY 2004 Plan and Budget applications with regard to training of staff:

- All fourteen regions provide specialized training (beyond training required of all agency personnel) for crisis services staff;
- Nine of fourteen regions report that they provide training for Emergency Services personnel. Each of these nine regions train Police, and two also train Fire and EMS;
- All regions provide training to their Service Coordinators beyond the required certification training; and
- All regions are now taking advantage of the funding available for specialized training in Early Childhood Assessment/Treatment for their designated Early Childhood staff. Generally these Specialists are expected to further train other staff within the region.

Additionally, there are many training events provided to staff using KDMHMRS allocated funds. Often the boards make there training events available to staff from other regions. Regions report that staff has regularly scheduled time for consultation with child psychiatrists. There are also training opportunities for regional board staff available through the Sexual Assault and Domestic Violence program within KDMHMRS. Often these training events offer topics on treatment for children affected by trauma and abuse.

Trends/Challenges

Like many other states, Kentucky is challenged with a shortage of qualified behavioral health professionals. To meet the increasing demands for quality services with shrinking financial resources will require collaborative and innovative strategies. Psychiatrists, particularly child psychiatrists, are also very much in demand with scarce supply. Again like many other states, the effects of the Kentucky Medicaid budget deficit is being felt by the regional boards. There are also some cutbacks to the Kentucky Children's Health Insurance Program (KCHIP).

Strategies

KDMHMRS continues to keep abreast of workforce development issues and strategies from other states and other professions (e.g. teacher shortages). Continued collaboration efforts among stakeholders through the HB 843 Professional Staffing workgroup is considered key to better align the needs of regional boards with the requirements of the professional licensure boards, and the curriculum used at the universities and colleges with behavioral health degree programs. Exploration of techniques in marketing of the field, web-based learning, and flexible and collaborative funding are strategies considered promising for Kentucky.

In an effort to enhance competency across the state, the Department continues to offer specialized "Training of Trainers" (TOT) concerning cultural competency for Regional MH/MR

Boards and facilities. Additionally, the Department includes cultural diversity topics in all major training events held throughout the year.

Performance Indicators

There are no performance indicators for staffing or training but these two are strongly considered in the biannual on-site monitoring activities conducted with each regional board. Data regarding these two items are also reported in the revised Plan and Budget application process.

One indicator has been selected to measure the performance of regional systems of care with regard to financial resources. The measure for this indicator is restricted KDMHMRS children's funding per capita child.

Please see Appendix A- Per Capita State Mental Health Expenditures-Restricted Children's Spending.

Objectives

Regional Boards submitted the following Plans for Development in their SFY 2004 Plan and Budget Applications with regard to staffing resources.

Region	Regional Plans for Development: Staffing Resources
1	Maintain current level of experienced clinical practitioners while facing the reality that current funding does not support adequate salary increases.
2	In order to increase the availability of trained clinicians for the Center, we will provide internships for two pre-doctoral psychology interns and two MSW interns. These interns will come from different schools and will be trained and developed to potentially become employees of the Center. At least one pre-doctoral psychology intern and one MSW intern will have a special interest and focus on working with children.
3	Within sixty days of additional funding, hire three case managers.
4	Continue to recruit staff with certification and/or licensure in field for all clinical positions.
5	Communicare will increase number of units for outpatient clients age 0 - 17.
6	To minimize staffing reductions in children's services.
7	NorthKey will add a section to the new staff orientation guidelines that includes a review of Center and community resources.
8	Maintain staffing at the current level without any service reduction.
9/10	Reconsider staffing coverage for school-based services.
11	To advertise position openings in the Agency Job Postings within 2 weeks of the vacancy.
12	Formalize a regular case staffing process with the child psychiatrist in Perry and Breathitt Counties.
13	One hundred percent of outpatient school-based therapist will be licensed, certified, professional equivalent or in a program leading to licensure/certification.
14	Maintain current level (75) of staff providing outpatient services for children.
15	Reduce staff turnover by 5%.

Comments from the Planning Council Members at their August 14, 2003 meeting.

Regional Boards submitted the following Plans for Development in their SFY 2004 Plan and Budget Application regarding Cultural Competency.

Region	Regional Plans for Development: Cultural Competency
1	All staff members will be required to attend an annual cultural competency training event.
2	Have 90% of TFC parents to have completed cultural competency training by the end of SFY 2004 to prepare them for diversity in children for placement. Also, offer at least one training in cultural competency for children in Therapeutic Foster Care.
3	Ninety percent of staff will receive a passing grade on test.
4	Ensuring that ALL clinical staff have cultural diversity training.
5	Communicare will secure a trainer for cultural competency trainer in SFY 2004.
6	Continue to focus on hiring a diverse, skilled staff as reflected by a diverse staff at the same level as this year.
7	A predominant number of our direct service staff will participate in an initial cultural diversity training.
8	Provide one cultural competency training for children's services staff in SFY 2004.
9/10	Provide in-service and training opportunities to enhance cultural competency.
11	To provide cultural competency training at least 1 time within the Agency.
12	Develop an "orientation" plan for staff that are new to the Appalachian region.
13	There will be zero complaints per fiscal year related to staff cultural insensitivity.
14	Include cultural competency component in staff training plan.
15	All new children's staff will receive cultural diversity training within the first year of employment.

Comments from the Planning Council Members at their August 14, 2003 meeting.

Regional Boards submitted the following Plans for Development in their SFY 2004 Plan and Budget Application.

Region	Regional Plans for Development: Training Initiatives
1	Continue to support initiatives through SKIPP that will provide training opportunities.
2	The Pennyroyal Center Staff Executive Team will develop a plan for mandated training for employees and seek CEU credits.
3	Incorporate training in annual budget for CSP staff.
4	Annual child sexual abuse training in April. Providing specialized play therapy training to children's clinical staff.
5	Communicare will provide two early childhood trainings in SFY 2004.
6	Continue Support of EMDR Training Initiative from last year.
7	The Early Childhood Mental Health Specialist will conduct or arrange at least two trainings focused on the treatment of children ages 0-5.
8	Provide the Buffalo Trace Adolescent Summit to teachers, mental health providers, parents and community partners on July 29 to July 31, 2003.
9/10	Expand staff competency in the area of Early Childhood Mental Health.
11	Offer training related to juvenile substance abuse at least one time in SFY 2004.
12	Provide a minimum of two in-region trainings that focus on assessment and/or treatment skill enhancement.
13	One hundred percent of Children's Services staff will be trained in Crisis Intervention/ Crisis Management within six months of employment.
14	Provide training to at least 70% of clinical staff on early childhood mental health issues.
15	In house family therapy curriculum will be developed and the staff trained.

Comments from the Planning Council Members at their August 14, 2003 meeting.

Regional Boards submitted the following Plans for Development in their SFY 2004 Plan and Budget Application.

Region	Financial Resources
1	All staff that interface with Department for Mental Health will assertively make known our intense need for increases in unencumbered funding (Community Care Dollars).
2	(1) All contracts with local school systems will be re-evaluated to determine whether they are financially sound or whether services can be more efficiently provided in the regular clinic setting. (2) Pricing for specialized services will be re-evaluated in order to assure that adequate reimbursement is received for any specialized consultative service. (3) By more efficiently matching staff credentials with payor requirements and streamlining billing procedures, we expect a 3% increase in fee-for-service billing for SFY 2004.
3	Work with HB 843 committee to find additional funds for SED population
4	Increase the clinical supervision for staff providing intensive home/community-based services. Continue to provide other training opportunities for staff working with children.
5	Communicare will secure outside funding for expansion of Crisis Stabilization Unit.
6	Seek funds to support services to rural sites.
7	The Mental Health Spending Plan will be submitted semi-annually.
8	Continue the current level of program operation without cuts in services.
9/10	See page 17 of SED Application (form 118).
11	To identify and expand a financial resource sharing mechanism with 2 additional schools for after school programming and summer programming.
12	Work with KDMHMRS and Medicaid staff to discuss sustainability for the Family Liaisons positions.
13	Continue to work with the Regional Planning Council and Regional Interagency Council on utilizing existing services and agencies to serve SED population.
14	Explore development of in-home services to reduce IFBSS expenditures.
15	To maintain current level of spending on SED children as long as funds are made available at current amount.

- ❖ **Objective C-5-1:** Provide resources for the development and implementation of the state level work plan created by the Professional Staffing Workgroup of the HB 843 Commission.
- ❖ **Objective C-5-2:** Assist regions with developing evidenced-based treatment protocols for specific mental health disorders in children and youth.
- ❖ **Objective C-5-3:** Develop a biennium budget request by August 30, 2003 that provides significant new funding for the “safety net” services at the regional level.

Comments from the Planning Council Members at their August 14, 2003 meeting.